



PTO/SB/01 (10-01)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)**Attorney Docket Number**

650053.00002

First Named Inventor

Howard J. Jacob

COMPLETE IF KNOWN**Application Number**

10/625,870

Filing Date

July 23, 2003

Group Art Unit**Examiner Name****As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RAT MODEL OF DIABETIC NEPHROPATHY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

July 23, 2003

as United States Application Number or PCT International

Application Number

10/625,870

and was amended on (MM/DD/YYYY)

n/a

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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or Bar Code Label

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OR ☐

Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

A petition has been filed for this unsigned inventor

Given Name

Howard J.

(first and middle [if any])

Family Name Jacob
or SurnameInventor's
Signature

Date

12/17/03

Residence: City

Brookfield

State WI

Country USA

Citizenship USA

Mailing Address 16565 Burleigh Place

Mailing Address

City Brookfield

State WI

ZIP 53005

Country USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name

Richard J.

(first and middle [if any])

Family Name Roman
or SurnameInventor's
Signature

Date

Residence: City

Brookfield

State WI

Country USA

Citizenship USA

Mailing Address 3270 Dartmouth Drive

Mailing Address

City Brookfield

State WI

ZIP 53005

Country USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Marcelo		Nobrega	
Inventor's Signature		Date	
Residence: City Richmond	State CA	Country USA	Citizenship USA
Mailing Address 2626 Roosevelt Avenue			
Mailing Address			
City Richmond	State CA	ZIP 94804	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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	First Named Inventor	Howard J. Jacob
	COMPLETE IF KNOWN	
	Application Number	10/625,870
	Filing Date	July 23, 2003
	Group Art Unit	
	Examiner Name	

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Howard J.			Jacob		
Inventor's Signature			Date		
Residence: City		State	Country	Citizenship	
Brookfield		WI	USA	USA	
Mailing Address 16565 Burleigh Place					
Mailing Address					
City		State	ZIP	Country	
Brookfield		WI	53005	USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Richard J.			Roman		
Inventor's Signature			Date		
Residence: City		State	Country	Citizenship	
Brookfield		WI	USA	USA	
Mailing Address 3270 Dartmouth Drive					
Mailing Address					
City		State	ZIP	Country	
Brookfield		WI	53005	USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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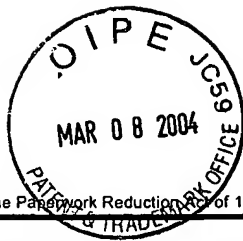
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Given Name (first and middle [if any])		Family Name or Surname	
Marcelo		Nobrega	
Inventor's Signature <i>Marcelo Nobrega</i>		Date <i>02-25-04</i>	
Residence: City	Richmond	State	CA
		Country	USA
Citizenship USA			
Mailing Address 2626 Roosevelt Avenue			
Mailing Address			
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		ZIP	94804
		Country	USA
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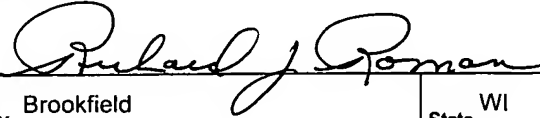
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Richard J.			Roman		
Inventor's Signature			Date		
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Residence: City		State	Country	Citizenship	
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Brookfield		WI	53005	USA	
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Marcelo		Nobrega	
Inventor's Signature		Date	
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